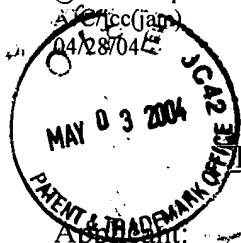


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant:

Francis A. Ennis

Application No.: 09/159,172

Group: 1644

Filed: September 23, 1998

Examiner: Saunders, D. A.

Confirmation No.: 4830

For:

PREDICTIVE ASSAY FOR IMMUNE RESPONSE

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
April 28, 2004	<i>Jerine Crump</i>
Date	Signature
Jerine Crump	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated October 28, 2003 of the Examiner finally rejecting claims 24-35. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated October 28, 2003 for three months from January 28, 2004 to April 28, 2004.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 950
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 330
<input type="checkbox"/>	Other	_____	\$ _____
	TOTAL		\$ 1280

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1280.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Anne J. Collins
Anne J. Collins
Registration No.: 40,564
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: April 28, 2014